

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Thomas Jackson 12A3039

Write the full name of each plaintiff.

-against-

Sergeant E. Pagan  
Swing, individually and  
in their official capacities

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

No. **20-cv-5176**

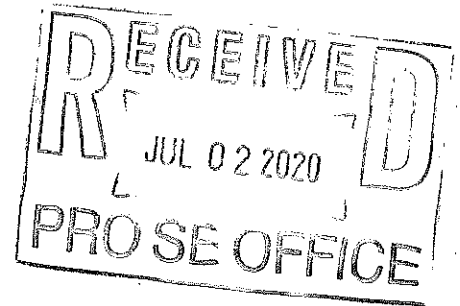
(To be filled out by Clerk's Office)

**COMPLAINT**

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No



**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other:

First Amendment U.S. Constitutional Right

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

<u>Thomas</u>	<u>I</u>	<u>Jackson</u>
First Name	Middle Initial	Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Clinton Correctional Facility

Current Place of Detention

P.O. Box 2000

Institutional Address

<u>Dannemora</u>	<u>NY</u>	<u>12929</u>
County, City	State	Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☐ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☒ Convicted and sentenced prisoner

☐ Other: \_\_\_\_\_

## IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

<u>E.</u>	<u>Pagan</u>	
First Name	Last Name	Shield #
<u>Sergeant</u>		
Current Job Title (or other identifying information)		
<u>Sing Sing Correctional Facility 354 Hunter Street</u>		
Current Work Address		
<u>OSSining</u>	<u>NY</u>	<u>10562</u>
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City	State	Zip Code

## V. STATEMENT OF CLAIM

Place(s) of occurrence: Sing Sing Correctional Facility

Date(s) of occurrence: June 29<sup>th</sup>, 2017

## FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On or about ~~July~~<sup>May</sup>, I have filed a grievance on Sergeant E. Pagan about not allowing me to take medical showers and move me to the flats because I was provided with a cane, do to a previous ankle injury, which I had a shower pass from medical, and a Flats order from medical. I was moved to the Flats about 2 week later. Sergeant Pagan came to my cell with the grievance that I filed and stated, "all you had to do was come directly to me, but you wrote a fucking grievance" and then told me that I better be careful because he will set me up and then ripped my grievance in front of my face. I wrote another grievance about what Sergeant E. Pagan said to me, which was to no help, because he came back to my cell and made a threat to my life by saying I will kill you and ripped my grievance in front of my face. On June 29, 2017, I was set up by Sergeant E. Pagan with a fabricated misbehavior report out of retaliation because of my grievances I tried to file. I was charged with the following, weapon 113.10, assault on inmate 100.10, violent conduct 104.11, creating a disturbance 104.13. I provided exculpatory evidence at the disciplinary hearing to show that

I was set up and then all charges were dismissed. I was then released from the special housing unit on September 15, 2017, which I did 79 days in the SHU unwillingly because I was exercising my First Amendment right to the United States Constitution, which was to seek redress through a grievance. Upon my release, I seen Sergeant E. Pagan, who stated to me, "I bet you will not file a grievance on me again" and stated, "try me again", and I then proceeded to walk back to (B) block.

#### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

#### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

The action of defendant Sergeant E. Pagan violated plaintiff's 1st amendment right to the United State constitution by fabricating a misbehavior report out of retaliation.

Award compensatory damages in the following: \$100,000 for violating Plaintiff's 1st amendment right.

Award punitive damages in the following amounts:  
\$100,000 against defendant Sergeant E. Pagan.

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

<u>6/29/2020</u>		<u>Thomas Jackson</u>
Dated		Plaintiff's Signature
<u>Thomas</u>	<u>I</u>	<u>Jackson</u>
First Name	Middle Initial	Last Name
<u>Clinton Correctional Facility 1156 Rt. 374 P.O. Box 2001</u>		
Prison Address		
<u>Dannemora</u>	<u>NY</u>	<u>12929</u>
County, City	State	Zip Code

Date on which I am delivering this complaint to prison authorities for mailing:

6/20/2020

**VERIFICATION**

**STATE OF NEW YORK)**

**COUNTY OF CLINTON) SS.:**

I, Thomas Jackson being duly sworn, deposes and says that I am the petitioner in the above-captioned matter, proceeding pro se. I have read the foregoing petition and know the contents thereof to be true, except as to matters stated upon information and belief, and as to those matters, I believe them to be true.

Respectfully submitted

Thomas Jackson

Clinton Correctional Facility  
P.O. BOX 2001  
Dannemora, New York 12929

Sworn to before me this

\_\_\_ Day of \_\_\_, 20\_\_\_

~~NOTARY~~

under the penalty  
of perjury, notary is  
not available.

Thomas Jackson  
Dln-12A3039

Form 12 - Blank Affidavit Of Service - Revised 2/4/19

**Affidavit of Service**

State of New York  
County of Clinton) ss.:

I, Thomas Jackson, first being duly sworn, deposes and says that on the  
20 day of June, 2020, I did in fact give the designated copies of the  
attached Complaint and a poor person application, Verification  
authorization to  
an officer at Clinton Correctional Facility to be duly carried to the following  
parties:

<sup>two</sup>  
**Original and Copy**  
pro-se intake  
500 pearl Street, New York,  
New York 10007-1312

**Copy**

Sworn To Before Me This

\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary

Respectfully Submitted

Thomas Jackson

Clinton Correctional Facility  
P.O. Box 2001  
Dannemora, New York 12929

under the penalty  
of perjury, notary is  
not available.

O. Muel, CW c/sh  
6/20/2020



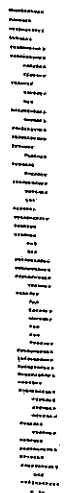
Clinton Correctional Facility  
P.O. Box 2000  
Dannemora, NY 12929  
Name: Thomas Jackson DIN-12A3039

RECEIVED  
JUL 02 2020  
PRO SE OFFICE

CLINTON CORRECTIONAL FACILITY  
LAW LIBRARY  
LEGAL MAIL ONLY

TO: PRO-se intake unit  
500 Pearl Street  
New York, NY 10007-1312

RECEIVED  
JUL 02 2020  
PRO SE OFFICE



Clinton  
Correctional Facility

NEOPUS  
06/30/2020  
US POSTAGE \$002.75

ZIP 041M11272305

Clinton  
Correctional Facility

NEOPUS  
06/30/2020  
US POSTAGE \$005.85

ZIP 041M11272305

1000  
UNITED STATES  
POSTAL SERVICE

10007

U.S. POSTAGE PAID  
DANNEMORA, NY  
12929  
JUN 30, 20  
AMOUNT  
\$0.00  
R2305H126819-02

CERTIFIED MAIL